

# Chapter 13

## Looking at/in/from the *Maison de Verre*

Christopher Wilson

The iconic *Maison de Verre*, attributed to Pierre Chareau and Bernard Bijvoet (Paris, 1928–1932), has traditionally been analyzed in terms of its eponymous glass-block walls,<sup>1</sup> its industrial aesthetic,<sup>2</sup> its climate-control advancements,<sup>3</sup> and/or the way that the house seems to be like one large piece of furniture.<sup>4</sup> However, few commentators have critically discussed the two different programmatic parts of the building – gynecological office<sup>5</sup> (ground floor) and private residence (upper floors) – and the visual relationships that are manifest within them.

Specifically, a “medical gaze” operates in the doctor’s office and a “domestic glance” is performed in the residence (in both cases, both literally and figuratively). These “scopic regimes”<sup>6</sup> can be seen physically in the materiality of the building – imprinted into/onto the glass, steel, rubber, and aluminium of the *Maison de Verre*. It is the intention of this essay to reveal these imprints of the medical gaze and the domestic glance found in the three main material characteristics of the building: (1) its various levels of transparency; (2) its seemingly random space planning; and (3) its many moving partitions, walls, furniture, stairs, and even sanitary fittings.

In this way (by looking at, looking in and looking from the *Maison de Verre*), it is hoped that such an analysis can shed light onto the way that materiality and material decisions affect not only the construction of architecture, but also the constructions of architecture, be they visual, social, mental, or otherwise.

### The gaze and the glance

While many authors have written on the topic of “looking” in the realms of art and architecture,<sup>7</sup> I have constructed my description of the scopic regimes of the *Maison de Verre* first on the work of Norman Bryson who has defined “gaze” through its French equivalent:

*The etymology of the word regard points to far more than the rudimentary act of looking: the prefix, with its implication of an act that is always repeated, already indicates an impatient pressure within vision, a persevering drive which looks outward with mistrust . . .*<sup>8</sup>

In this way, a gaze is not just a “looking,” but a repeated looking, again and again. Such a repeated looking, claims Bryson, acts as if it is in a race against time, attempting to document situations before they change, sometimes even in front of one’s own eyes. A gaze, then, although it may seem like harmless staring, is a violent action. It cuts through to get to the heart of matters, to the hidden layer(s) underneath it all.

Bryson continues by contrasting this notion of “gaze” with another type of looking, a “glance”:

*[A] division separates the gaze, prolonged, contemplative, yet regarding the field of vision with a certain aloofness and disengagement, across a tranquil interval, from that of the glance, a furtive or sideways look whose attention is always elsewhere . . .*<sup>9</sup>

Whereas a gaze attempts to go beyond surface appearances, a glance is more superficial, not fully engaged with its subject, and almost even secretive. And, whereas a gaze is active and penetrating, a glance is passive and can easily be pushed in other directions. Lastly, while a gaze attempts to freeze time, a glance is unconcerned with time – that is, there is no difference between glancing at different times and no attempt to capture time before it passes.

### The medical gaze

Building on Bryson's definition of "the gaze" for the purposes of analyzing the *Maison de Verre*, I have adapted Michel Foucault's term "clinical gaze" into "medical gaze." As defined by Foucault in *The Birth of the Clinic*, a "clinical gaze" is a way of looking by modern doctors that appears to penetrate illusion to see an underlying reality – a belief that doctors have the power to see hidden truths waiting to be revealed. Like Bryson's gaze, Foucault's clinical gaze is not merely an intellectual exercise, it is a rigorous examination of a subject (a patient) – it is a concrete "looking" interested in concrete things:

*The clinical gaze is not that of an intellectual eye that is able to perceive the unalterable purity of essences beneath phenomena. It is a gaze of the concrete sensibility, a gaze that travels from body to body, and whose trajectory is situated in the space of sensible manifestation. For the clinic, all truth is sensible truth.*<sup>10</sup>

After an initial examination, the doctor makes a decision as to the cause of a patient's symptoms, known as the diagnosis, and proposes a treatment to remedy the situation. In such a relationship, it is the doctor who is in control. The doctor is the one who looks at the patient and directs him/her where to go and what to do. The patient's gaze is not of importance here. Although (s)he may be returning the doctor's gaze, such a returned gaze is not a medical one. The patient is only the one being looked at – an object – and the doctor is the one doing the looking.

### The domestic glance

In contrast to a medical gaze, a domestic glance is not a process that necessarily involves two people. It is a "looking" done by one person. This is not to say that other people are not involved in a domestic glance, just that they are not its defining characteristic. A domestic glance, as its name implies, involves the concepts of surveillance, privacy and social relations, all in relation to a domestic setting or living arrangements. Surveillance here refers both to "looking out" and also to "being looked at." A domestic glance is a cursory look whose surveillance is minimal – a look more concerned with being looked at, more concerned with maintaining privacy. It is mostly interested in screening and protecting others' looks from view.

As Christopher Reed has pointed out, domesticity is not something we normally associate with modern architecture, although they both share the same roots in capitalism, technological advancements, and enlightenment notions of individuality.<sup>11</sup> Instead, as Beatriz Colomina has suggested, modern domestic interiors, like those of Adolf Loos, are not really lived but staged.<sup>12</sup> They are stage-sets where actors act out a play or perform (in the "living" room) for the public, and then retire backstage, or "the back of the house," to their real private lives.

The domestic glance maintains a hierarchy between a public "front of house" and a private "back of house", protecting the privacy of the inhabitants while still allowing the public into the domestic realm. It literally screens the private areas from the public areas of a house, or reflects any unwanted views towards another location.

### A house of glass

As indicated by contemporaneous commentaries on the building,<sup>13</sup> the official name of the *Maison de Verre* is The Dalsace House, named after Chareau's clients Mr and Mrs Dalsace. Chareau had previously designed an apartment interior for these same clients ten years earlier, and was given this commission as a result of their satisfaction with that project.<sup>14</sup>

The building's nickname comes from the large glass-block livingroom wall that faces a courtyard off the Rue St-Guillaume (Figure 13.1).<sup>15</sup> However, while this wall is a major element of the building, it is the overall usage of glass on all the exterior walls that reveals the scopic regimes of "medical gaze" and "domestic glance."

First, in the front façade, the transparency of the wall decreases from bottom to top. At ground level, the glass is, for the most part, transparent. There is a small area of glass blocks to the right of the entrance, but since they are set back from the main façade, they are not as perceivable as the large clear panels to the left. In addition, these glass blocks have clear glass "clerestory windows" above them. The upper level façade consists of the building's famous glass-block living-room wall, held together in a 4 × 6-grid configuration. These blocks, however, are not clear but frosted (translucent). The topmost level of the construction is

completely opaque because it is made of masonry – it is part of the existing building under which Chareau's project was inserted (Figure 13.2).



*13.1 The courtyard façade of the Maison de Verre (Rue St-Guillaume elevation). Notice the upper story of masonry construction, the floodlights on the access ladders, and the servants' wing to the left*



*13.2 The Maison de Verre under construction, July 24, 1928, showing the propped-up upper story*

This gradual change of transparency of the courtyard façade can be seen as a direct reflection of the usage of the spaces behind each level. The ground floor, the most transparent, contains the doctor's office where patients were received, examined, and operated on. An analogy between the clearness of this glass and the doctor's revealing process of his "medical gaze" seems appropriate – as if the patient's body could easily and clearly be read by the doctor and his gaze.

The upper levels of the house contain the public areas of the residential section, the living room and dining room. The translucent glass blocks utilized there create a wonderful diffused light in these areas during both the day and night since Chareau's design also includes huge floodlights in the entrance courtyard (Figure 13.1). Additionally, at night the living room acts like a stage set when seen from outside. This effect parallels Colomina's comments that Adolf Loos' domestic interiors were "a stage for the theatre of the family" (see note 12). Colomina also provides an uncanny parallel with the *Maison de Verre* by quoting Le Corbusier on Loos: "Loos told me one day: 'A cultivated man does not look out of the window; his window is a ground glass; it is there only to let the light in, not to let the gaze pass through.'"<sup>16</sup> This courtyard façade is the *Maison de Verre*'s public face, the one facing the street. Unlike later modernist houses such as Philip Johnson's Glass House (1949–1950) or Mies van der Rohe's Farnsworth House (1945–1951), it is not possible to see directly into the residential portion of the *Maison de Verre* because of the translucency of the glass blocks. Strangely, these famous glass blocks have been called "lenses", like the lens of a camera, despite the fact that they allow neither views in nor out.<sup>17</sup> Instead, the public areas of the *Maison de Verre* (living room and dining room) are oriented towards the inside, towards looking within, not without.

The uppermost level of the front façade is the most opaque because of the existing masonry wall construction left intact. This is explained by an elderly tenant who refused to move from her apartment, thereby forcing Chareau to build below her. Mr Dalsace described this old woman's accommodation as "sordid," implying a lack of cleanliness and, by extension, light.<sup>18</sup> Sarah Wigglesworth has pointed out a dialectic between the young, clean, and fertile Mrs Dalsace and the old, dirty, and infertile lady who would not move from her accommodation.<sup>19</sup>

On the back façade of the *Maison de Verre*, which looks out onto a garden occupying approximately one-and-a-half of the area of the house itself, the ground floor and upper floors seem to be generally treated the same, consisting of the building's famous translucent glass blocks periodically punctured with operable clear windows.

However, while it may appear that both floors are being treated the same, this is not the case. On the ground floor, the clear operable windows exist at standing eye-level, protecting the patient when she is sitting in the waiting room. When moving from the waiting room to the doctor's consultation room, these clear panels stay at a constant height, despite a level change, also thereby protecting the patient's identity from being seen from outside (Figure 13.3). The protection of the patient is reinforced in the design of the garden, in which landscaping prevents anyone from getting no closer than 4 meters to the building.<sup>20</sup> It is as if only the doctor, and no one else, is allowed to look at the patient. There is a clear window at sitting eye-level in the doctor's consultation room,<sup>21</sup> but contemporaneous pictures of the house always show curtains drawn over these, again controlling "the view in."

On the upper level containing bedrooms and bathrooms, there are also horizontal, operable, clear windows on this back façade. In this case, however, these windows are specifically for looking out. They are carefully placed at eye level to allow selected views of the garden. Even the lower portions of the balcony doors are filled-in with opaque metal panels rather than clear glass (see Figure 13.7), in order to provide a continuous horizontal strip of viewing-frames. This framing of the outside by these windows works in the same way that Colomina interprets Le Corbusier's horizontal windows in his houses. Specifically, in describing the "periscope" effect of the Beistegui Apartment (1929–1931), Colomina remarks: "In framing the landscape, the house places the landscape into a system of categories. The house is a mechanism for classification. It collects views and, in doing so, classifies them. The house is a system for taking pictures."<sup>22</sup>





*13.3 Corridor from waiting room to Dr Dalsace's consultation room, showing operable windows at same height, despite change in level*

The courtyard façade of the *Maison de Verre*, then, being the building's public face, can be seen as following the ideas of Adolph Loos – a ground glass not letting a gaze pass through; whereas the garden façade, being the building's private face, can be seen as following the ideas of Le Corbusier – openings that frame the landscape (the back garden).

### **A “cinematographic” architecture?**

Paul Nelson, writing in 1933 on the topic of the *Maison de Verre* soon after it was completed, noted that:

*A study in plan and section no longer affords the architect the means by which to fulfill and represent his requirements: the fourth dimension, time, intervenes. One must create spaces that have to be passed through in a relative lapse of time. One must feel the fourth dimension. This house in Rue St. Guillaume incites this sensation . . . The Chateau House is not immobile nor is it photographic; it is cinematographic. One must pass through the spaces in order to be able to appreciate them; another aspect by which it is connected to contemporary man.*<sup>23</sup>

Like most modernist buildings, the way one progresses through the *Maison de Verre* is quite “cinematographic” – like viewing a film with ever-changing images. However, this experience is very different for a patient visiting the doctor and the residents living their lives, a reflection of the building's programmatic duality.

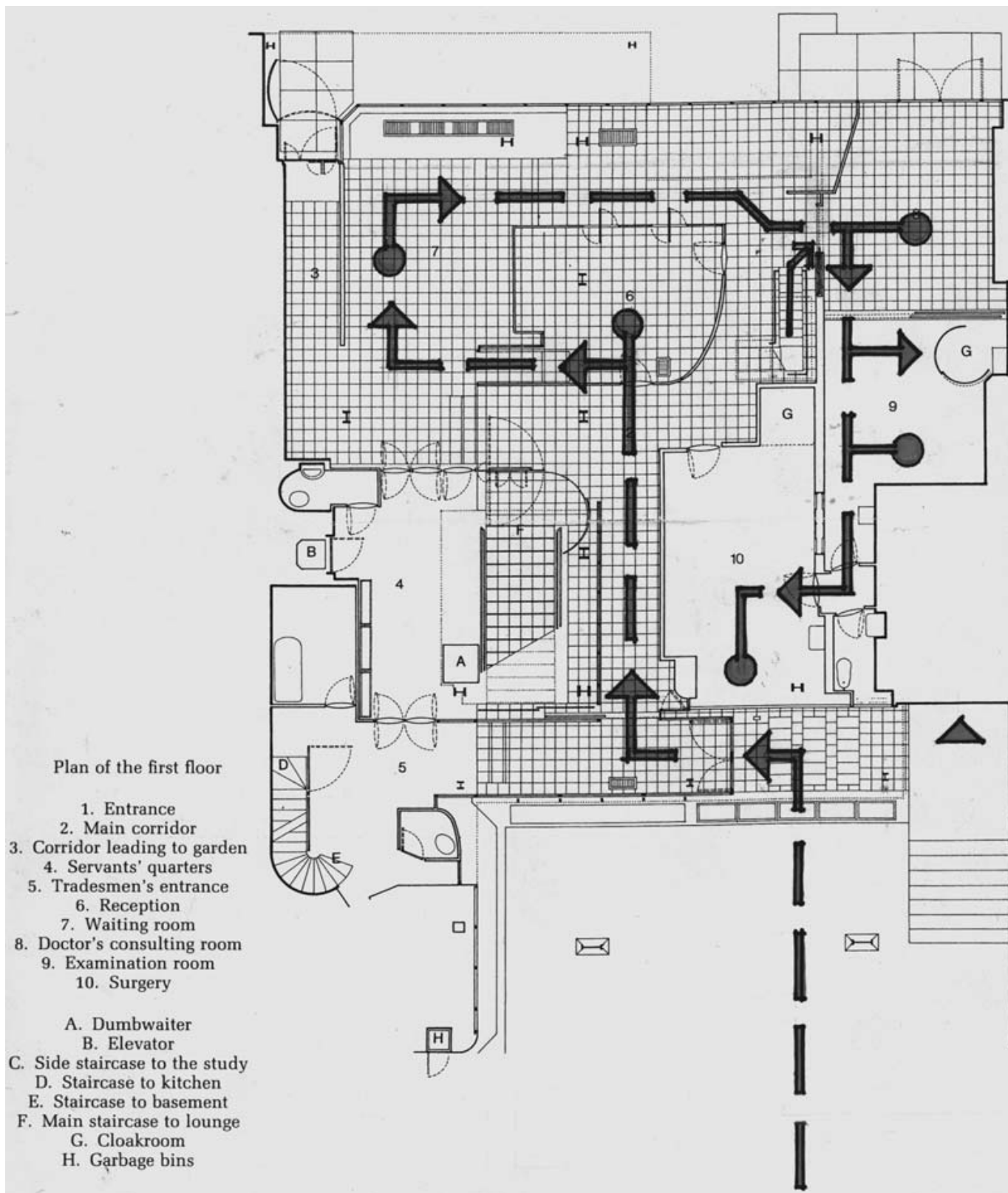
When experiencing the building as a patient, one must progress through a circuitous route to reach the doctor's consultation room, and then be examined and operated on. First, the entrance from the courtyard is quite hidden: one must “slide” to the left of the previously mentioned clear glass panels, then immediately turn 90 degrees to the right to access the nurse's reception room at the end of a corridor. From the reception room, the patient turns left to a waiting room, going down three steps. When called, the patient must then ascend back to the original entrance level, pass behind the reception room and proceed down a corridor to the doctor's consultation room (Figure 13.3). From the consultation room, the patient then turns back on herself

to the examination room and possibly completes this tortuous path by turning right into the operation room, almost back to where she started at the entrance (the room facing the courtyard with the high clear panels). This serpentine route is shown in Figure 13.4.

It is easy to see who is in control here: the doctor, not the patient. Dr Dalsace even has a little secret extra room above the reception area, technically on the residential level of the building, where he can hide before making an appearance in the consultation room. It is as if the patient must go through such a long-winded route in order to be reminded of the doctor's authority. In addition, the process of the doctor's "medical gaze" does not only involve his looking, but also his diagnosis and suggested treatment: the instructing of what to do, where to go, and how to do it.

Although the spaces on the ground floor are, as Nelson says, "passed through in a relative lapse of time," his cinematographic description of the *Maison de Verre* does not accurately describe the experience of the doctor's office. The person moving through the ground floor (the female patient) is not the spectator, but the spectacle itself. The person doing the looking (the doctor) is relatively stationary, and when he does move, it is in conjunction with the patient.

Nelson seems to describe more accurately the experience of the residential section of the *Maison de Verre*, which, like the doctor's office, is also accessed from the courtyard entry. Before reaching the doctor's reception area, however, an over-sized open-tread staircase connects the entry corridor with the lofty living room (Figure 13.6). Beyond the living room is a dining room and beyond that, behind a curved wall, Mrs Dalsace's "sun room" or private space. Mr Dalsace's private study, mostly accessed from below, forms an opaque back wall of the living room (Figure 13.5). A mezzanine level contains a master bedroom and bath, and two smaller bedrooms with en-suite bath facilities (Figure 13.10).



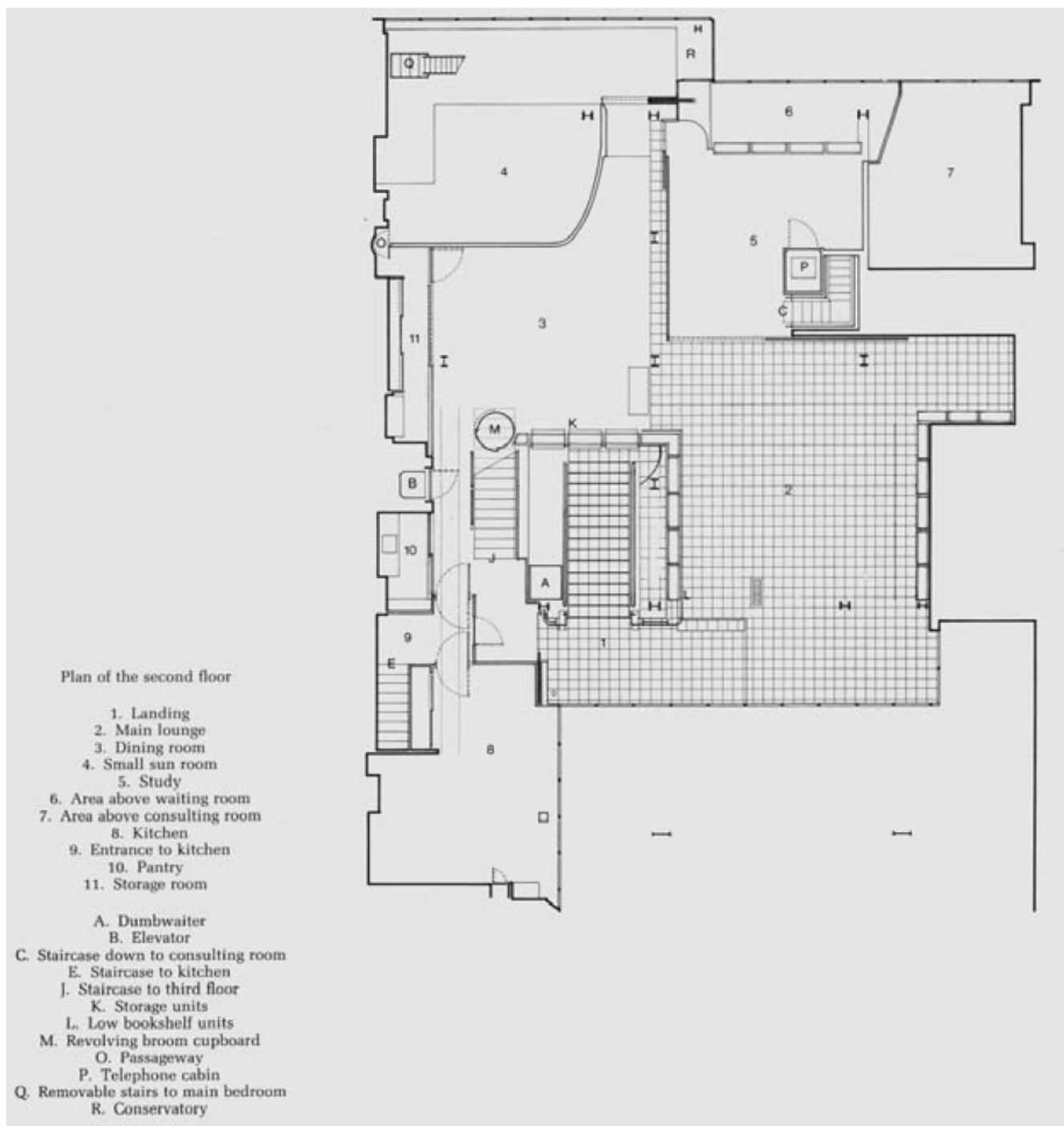
### 13.4 Ground-floor plan and the circuitous route of a patient's visit to Dr Dalsace

Compared with the doctor's office, there is a distinct lack of corridors in the residential areas. Instead, cellular spaces (bedrooms, bathrooms and private study rooms) open out onto large open-plan areas (living

room and dining room). The closest thing to a corridor is the mezzanine access balcony. However, because of its view overlooking the living room, this is always described as a “gallery”, thereby acting very differently from the corridors on the ground level.

As a result of this lack of corridors, the predominant “viewing scheme” within the residential section of the *Maison de Verre* is from above to below – from the gallery/bedrooms down to the living room/dining room. The typical documentation of the interior of the house – a view down into the living room from above ( [Figure 13.6](#)) – reinforces this. Such a viewing scheme, “the domestic glance,” works to maintain the individual family member’s privacy. The constant surveillance of the residential areas of the *Maison de Verre* is not so much about the control of a body as in the doctor’s office; rather, it is about control of a viewer’s look in order not to upset the domestic construction – that is, whereas in the doctor’s office the looking is one-way (from doctor to patient), in the residential areas the looking is two ways, one of which is privileged (the private looking from above). The mezzanine spaces of the house are screened from view to maintain privacy as required, similar to the way that the living room translucent glass-blocks screen any view room from the street.





### 13.5 Upper level plan of the Maison de Verre



### 13.6 The lofty living room/salon of the *Maison de Verre*

In this way, the residential areas of the *Maison de Verre* are more theatrical and active than Nelson's passive cinematographic description portrays them. The living room can be seen as a stage, where visitors are allowed and on which the family drama and gender roles are acted out. The bedrooms and private study rooms, on the other hand, can be seen as a back-stage, where visitors are not allowed (at least not officially) and secret happenings can occur behind closed doors. The "domestic glance," from the private areas to the public areas, is constructed to reinforce this.

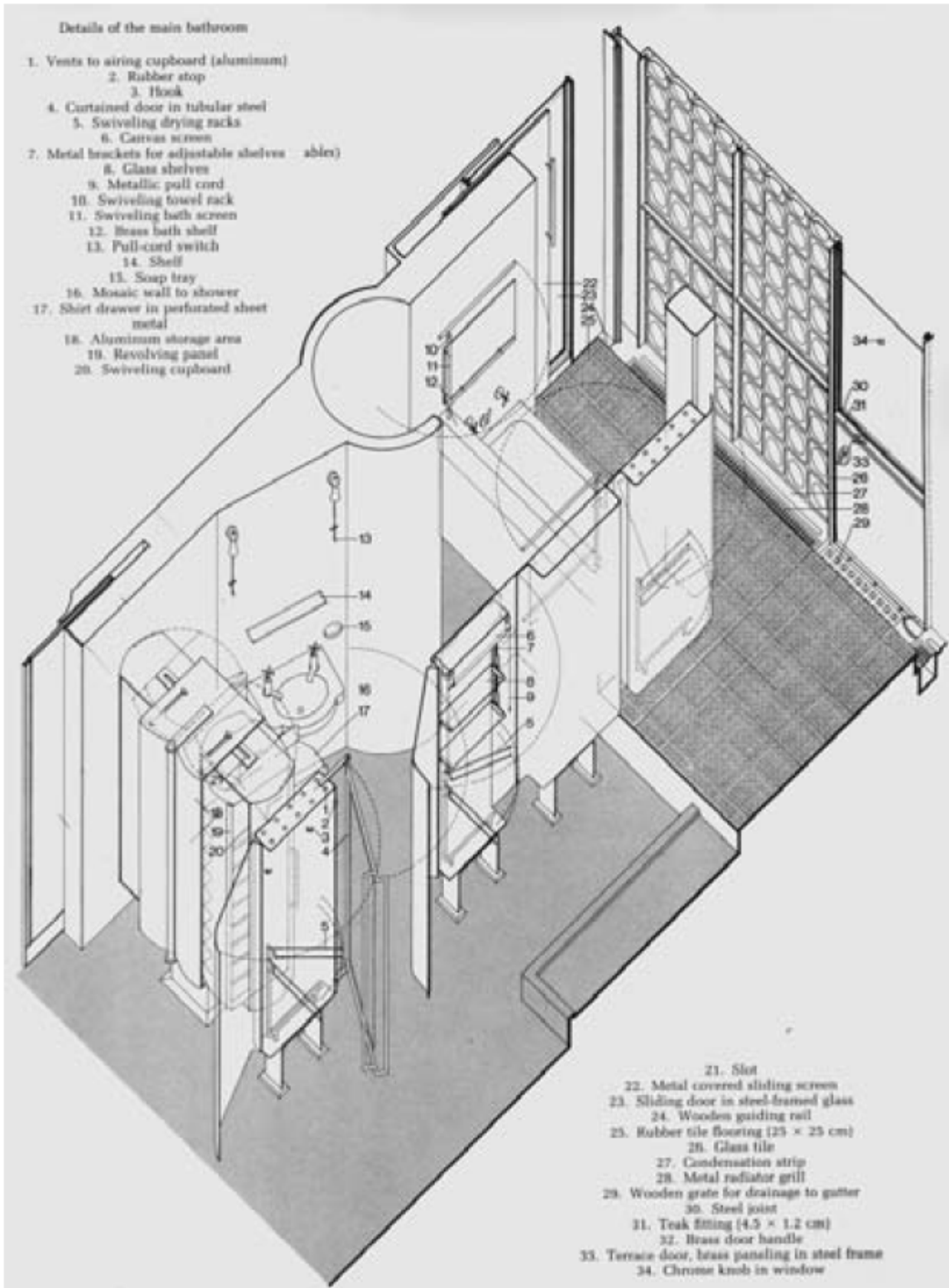
#### A moving building

The *Maison de Verre* is an incredible collection of moving, sliding, opening, shifting and unfolding partitions, walls, staircases, furniture, and even sanitary fittings (Figures 13.7 and 13.10). In the doctor's office, these moving elements function to watch, observe and survey the patient, ultimately controlling her, as has already been discussed in the analysis of the clinic's space planning.

All the doors in the clinic area are opaque, as doors traditionally are, and open up only to allow passage of the patient. When proceeding from the waiting room to the consultation room (where the windows stay at a constant height, despite a level change), the patient can be viewed through a clear glass partition by the secretary who checks that she is going to where she should go (see the lower half of Figure 13.8). After consultation, the doctor can slide open a huge opaque panel behind the patient to reveal the examination room (Figure 13.9). In the examination room is a small changing area, not separate or private, within a round metal sliding partition, similar to the ones used to enter photography darkrooms.<sup>24</sup> Lastly, to enter the operating room, the doctor must open a traditional opaque door. Again, it is the doctor who is in control of the patient's movements, this time through the moving elements of the house.

As opposed to the doctor's office, the residential portion of the *Maison de Verre* uses moving elements to screen, shield, defend, and generally protect from view. This process begins at the bottom of the main stair,

the official entrance to the residential portion of the house, with a perforated aluminium screen that pivots to allow access. This screen is translucent, not opaque, and foreshadows the translucent glass-blocks in the living room above. In the living room, operable but opaque metal panels allow for ventilation of the space, without sacrificing the privacy achieved by the glass blocks. This space is filled with a multitude of operable and moving pieces of furniture, Chareau's particular speciality. Tables, chairs, cupboards, screens, even a library ladder, can be folded open, closed shut, moved on wheels, and generally manipulated in terms of position, size, and orientation.



**13.7 Axonometric drawing of the multiple flipping surfaces in the master bathroom, pivoting bidet not drawn**





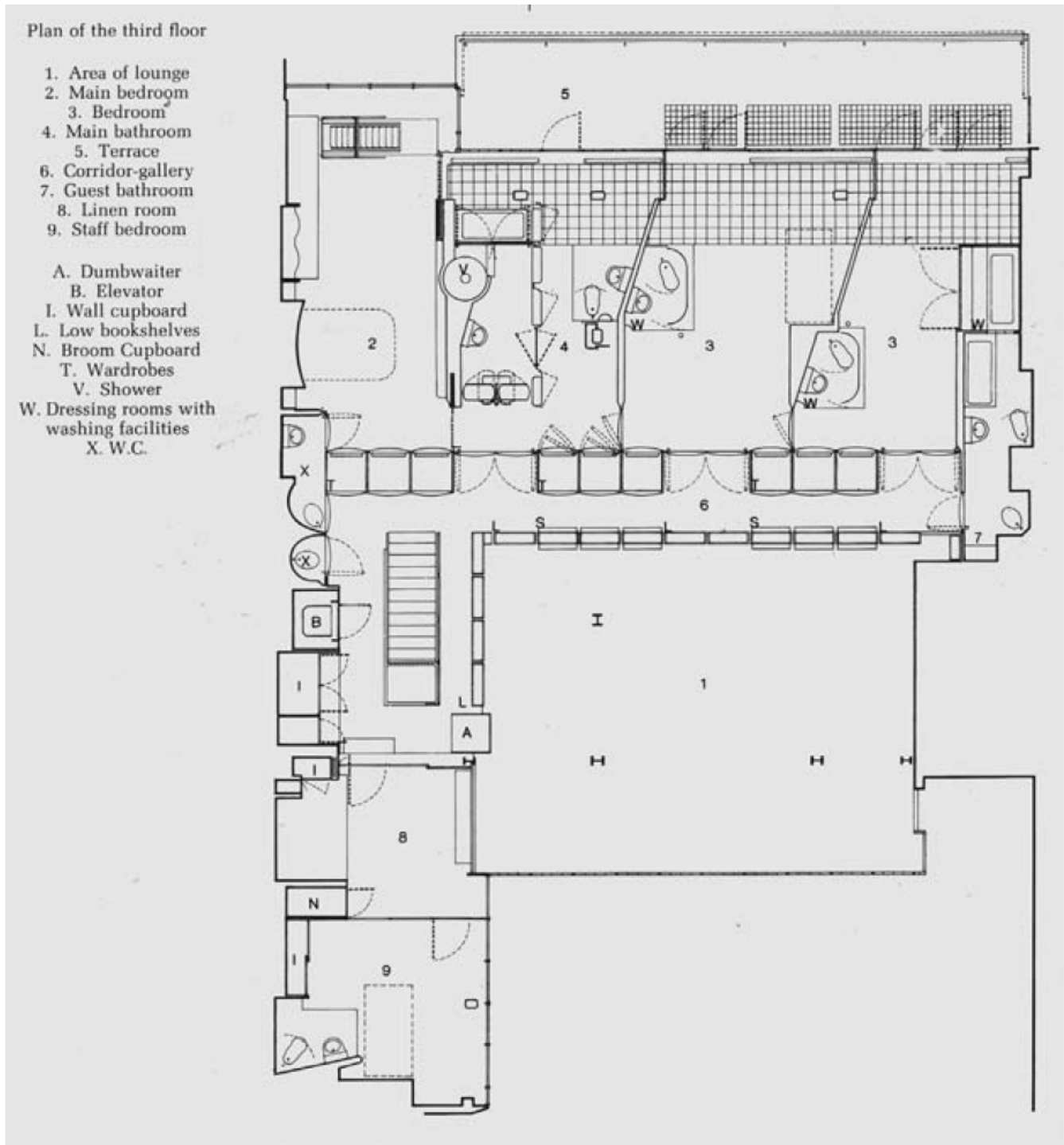
*13.8 Mrs Dalsace's "spying corner" over the corridor to Dr Dalsace's consultation room. Notice the clear panels separating the ground floor corridor from the reception area*



*13.9 Dr Dalsace's consultation room, with full-height sliding panel to examination room*

Upstairs on the mezzanine level, the cupboards between the bedrooms and the gallery overlooking the living room can be opened from both sides (see [Figure 13.10](#)), allowing a view down from the bedrooms, like a spy. The ultimate moving elements in the residential portion of the house are the bidets that are able to

swivel in and out of position, pivoting around their waste pipes. Similar to the opening and moving furniture of the living room, such mobile furniture can be positioned as desired. Their unfixed nature suggests changing views controlled by the user, rather than fixed views that control the user (as in the doctor's office on the ground floor).



### 13.10 Mezzanine level plan, showing bedrooms and upper part of living room

#### His and hers: conclusion

While it can be concluded from this discussion that the residential portion of the *Maison de Verre*, with its performative and theatrical domestic glance, was considered the domain of Mrs Dalsace and that the

ground-floor doctor's office, with its medical gaze implying Foucauldian themes of power and control, was the domain of Mr Dalsace, such a territorial split of the *Maison de Verre* along gender lines may not be as constricting as it first appears.

First, despite the relinquishing of Mrs Dalsace to the traditional domestic spaces of the living room and bedroom, she was freed from the domestic burden of cooking and cleaning through the usage of domestic help, who had their own wing containing a kitchen, laundry facilities and bedroom.<sup>25</sup> As can be seen from its lack of discussion in this essay, the kitchen of the *Maison de Verre* is not an integral part of its design. Instead, it is relegated to the service wing and functions merely as a food-preparation area with direct connection to the dining room. Although the domestic help was probably the responsibility of Mrs Dalsace rather than her husband, she was freed from everyday household chores, a situation curiously more reminiscent of the nineteenth century rather than the twentieth.

Second, the individual private spaces of Mr and Mrs Dalsace, his study and her "sun room," are located between the two domains of the house and mediate between them. Mr Dalsace's study is physically on the same level as the living room, and although it can be accessed from the office level below, the wall that it shares with the living room is one large sliding panel which, when opened, allows the doctor to interact also with the stage of the living room, to use the living room in a semi-professional rather than a domestic manner.

Mrs Dalsace's sun room is the one place over which she has total control. Unlike the rest of the residential section, its rear exterior wall is floor-to-ceiling clear glass, not framed views, and it is a cellular space with no visual connection to the open spaces. The sun room, however, does contain a fantastic moving element in the form of a "stair" or telescopic ladder, suspended from the master bedroom above (labeled as "Q" on Figure 13.5), which can be folded away like a trap door if desired. Sarah Wigglesworth has suggested that Mrs Dalsace, by controlling access to her private space in this way, blocking out even Mr Dalsace should she choose, was able to negotiate sexual relations between husband and wife.<sup>26</sup> As part of the back-stage of the house, Mrs Dalsace's sun room is inherently private. The difference is that Mrs Dalsace is in total control of her space, able to choose not to act out a gender role on the stage of the house should she wish.<sup>27</sup>

Lastly, at the junction of Mrs Dalsace's sun room and Dr Dalsace's private study is a curious look-out or spying corner. Here, Mrs Dalsace is able to look down into the corridor that connects the doctor's waiting room and consultation room, thereby nullifying the previously mentioned privacy of that circulation space. However, this spy corner also affirms, along with the secretary's clear glass partition, that while the patient cannot be seen from the outside, she is able to be liberally looked at from the inside (see Figure 13.8). Additionally, this spy corner is the one place of the *Maison de Verre* where the "domestic gaze" is not just about the looking of any inhabitant of the house, but specifically about Mrs Dalsace's looking. Like the telescopic ladder in Mrs Dalsace's sun room, this spy corner seems to be a liberating disjuncture between the two scopical regimes of the house, for it is here that Mrs Dalsace can opt out of the "domestic glance" and participate in the "medical gaze."

In conclusion, by looking at, looking in, and looking from the *Maison de Verre*, it is possible not only to split the building into its two programmatic halves with inherent gender roles, but it is also possible to see the liberation of such roles where these two halves come together. This is as true for Mr Dalsace as it is for his wife.

## Notes

This essay has its origins in a visit to the *Maison de Verre* in 1996 while attending the Architectural Association's M.A. program in the Histories and Theories of Architecture. Earlier versions were written for "Visuality, Spatiality and Materiality," a graduate elective at Middle East Technical University Department of Architecture, Ankara, Turkey, and for "The Body, Architecture and Healthcare" workshop of the 2003 Society of Architectural Historians' Annual Conference in Denver, USA. I would like to thank Jan Birksted for the opportunity to participate in that workshop and Carla Yanni for her careful reading of that second draft.

- 1 Pierre Vago, "Une hôtel particulier à Paris" (A Private Mansion in Paris), *L'Architecture d'Aujourd'hui*, November/December 1933, pp. 4–8; Bernard Bauchet, *La Maison de Verre*, with photographs by Yukio Futagawa, Tokyo: A.D.A Edita, 1988; Brian Brace Taylor, *Pierre Chareau: Designer and Architect*,

- Cologne: Benedikt Taschen Verlag, 1992; Brian Brace Taylor, "Voir et savoir dans la Maison de Verre" (To See and to Know in the House of Glass), *Connaissance des Arts*, no. 499, October 1993, pp. 54–61.
- 2 Richard Rogers with Ludovic Chazaszcz, "La 'Casa di Vetro' di Pierre Chareau: Una Rivoluzione che non Continua" (The "House of Glass" by Pierre Chareau: A Revolution that did not Continue), *Domus*, no. 443, October 1966, pp. 8–20.
  - 3 Marc Vellay and Kenneth Frampton, *Pierre Chareau: Architect and Craftsman 1883–1950*, New York: Rizzoli, 1984.
  - 4 Kenneth Frampton, "The Dalsace House or *Maison de Verre*," *Architectural Association Journal*, vol. 81, April 1966, pp. 257–262; Kenneth Frampton, "*Maison de Verre*," *Perspecta: The Yale Architectural Journal*, no. 12, 1969, pp. 77–126; Taylor, *Pierre Chareau: Designer and Architect*.
  - 5 One exception is Sarah Wigglesworth who provides a gendered reading of the doctor's office, "building an analogy between the body of the woman who seeks to be cured by the gynaecologist, Dr Dalsace, and the 'organism' of the city which requires 'purging' by the actions of an architect" (Sarah Wigglesworth, "*Maison de Verre*: sections through an in-vitro conception," *The Journal of Architecture*, vol. 3, Autumn 1998, pp. 263–286, p. 263). Her work is the basis of my reading of the doctor's part of the building, with my own emphasis placed on "visuality" and "the medical gaze."
  - 6 I am not using Martin Jay's terminology "scopic regime" as a time-bound zeitgeist-like concept as he does. Instead, I am using it to describe "a way of looking" or a "visual orientation." Martin Jay, "Scopic Regimes of Modernity", in Hal Foster (ed.), *Vision and Visuality (Dia Art Foundation Discussions in Contemporary Culture, no. 2)*, Los Angeles, CA: University of California Press, 1993, pp. 3–28.
  - 7 See, among others, John Berger, *About Looking*, New York: Vintage International, 1991; Norman Bryson, *Vision and Painting: The Logic of the Gaze*, New Haven, CT: Yale University Press, 1983; Hal Foster (ed.), *Vision and Visuality (Dia Art Foundation Discussions in Contemporary Culture, no. 2)*, Los Angeles, CA: University of California Press, 1993; Giuliana Bruno, *Atlas of Emotion: Journeys in Art, Architecture and Film*, London: Verso, 2002; Edmund Burke Feldman, *Varieties of Visual Experience*, New York: H.N. Abrams, 1992; E.H. Gombrich, *Art and Illusion: a Study in the Psychology of Pictorial Representation*. Oxford: Phaidon Press, 1977; Martin Jay, *Downcast Eyes: the Denigration of Vision in Twentieth-century French Thought*, Berkeley, CA, USA: University of California Press, 1993; Roslind Krauss, *The Optical Unconscious*, Cambridge, MA: MIT Press, 1993; Laura Mulvey, *Visual and Other Pleasures*, London: Macmillan, 1989; Erwin Panofsky, *Perspective as Symbolic Form*, New York: Zone Books, 1991; Paul Virilio (Julie Rose, trans.), *The Vision Machine*, London: British Film Institute, 1994; John White, *The Birth and Rebirth of Pictorial Space*, London: Faber, 1987. See also Jacques Lacan, "The Mirror Stage as Formative of the Function of the I as Revealed in Psychoanalytic Theory" (1949), in *Écrits – A Selection*, London: Tavistock Publications, 1977; Jean Paul Sartre, "The Look" (1956), in *Being and Nothingness*, Secaucus, NJ: Citadel Press, 1974; Martin Heidegger, "Seeing and Sight" in *Being and Time*, New York: Harper, 1962; Georges Bataille, *Story of the Eye*, London: Penguin, 1982; and Jacques Derrida, *Memoirs of the Blind: the Self-Portrait and Other Ruins*, Chicago: University of Chicago Press, 1993.
  - 8 Bryson, *Vision and Painting*, p. 93.
  - 9 Ibid., p. 94.
  - 10 Michel Foucault, *The Birth of the Clinic*, A.M. Sheridan, trans., London: Tavistock Publications, 1991, p. 120.
  - 11 Christopher Reed (ed.), *Not at Home: the Suppression of Domesticity in Modern Art and Architecture*, London: Thames & Hudson, 1996, p. 7.
  - 12 See the chapter entitled "Interiors" in Beatriz Colomina, *Privacy and Publicity: Modern Architecture as Mass Media*, Cambridge, MA: MIT Press, 1994, particularly p. 252: "The house is a stage for the theater of the family, a place where people are born and live and die. Whereas a work of art, a painting, presents itself to a detached viewer as an object, the house is received as an environment, as a stage, in which the viewer is involved."
  - 13 Lepage, Nelson, and Vago respectively call the house "The Dalsace House," "The House on Saint-Guillaume Street" and "A Private Mansion in Paris." Lepage, Julien (aka Julius Posener), "*Observations en visitant*" (Observations while Visiting), *L'Architecture d'Aujourd'hui*, November/December 1933, pp. 12–15; Paul Nelson, "*La maison de la rue Saint-Guillaume*" (The House on Saint-Guillaume Street), *L'Architecture d'Aujourd'hui*, November/December 1933, pp. 9–11; Pierre



Vago, “*Une hôtel particulier à Paris*” (A Private Mansion in Paris), *L’Architecture d’Aujourd’hui*, November/December 1933, pp. 4–8.

- 14 Officially, Chareau was not an architect, but a “decorator” with formal training from the Paris École des Beaux Arts (1900–1908) and professional experience with the Decoration Department of the Paris branch of the English firm Waring & Gillow (1908–1914). Until the *Maison de Verre*, Chareau’s built work consisted only of apartment and office interiors, hotel lobbies, exposition installations, and individual pieces of furniture. Hence, the collaboration with Bernard Bijvoet, an architect, was probably in order to satisfy regulations requiring architects for construction. The only significant “architectural” project by Chareau after the *Maison de Verre* was a studio on Long Island, New York, for the painter Robert Motherwell (1946). For the complete life and career of Chareau, see Vellay and Frampton, *Pierre Chareau*.
- 15 The address of the *Maison de Verre* is 31 Rue St-Guillaume. It is located in the seventh *arrondissement* between Boulevard St-Germain and Rue de Grenelle (Metro: Sèvres- Babylone) and can be visited by appointment by writing to: A.P. Vellay-Dalsace, 31 Rue St-Guillaume, Paris 75007, France. A visit is highly recommended to fully understand the complex three-dimensionality of the building.
- 16 Colomina, *Privacy and Publicity*, p. 297.
- 17 Frampton calls the glass blocks “lenses” (Frampton, “*Maison de Verre*”). Bauchet identifies them as “Nevada-type lenses” made by Saint Gobain, France (Bauchet, *La Maison de Verre*).
- 18 Frampton, “*Maison de Verre*,” p. 79.
- 19 Wigglesworth, “*Maison de Verre*,” p. 267.
- 20 In all fairness, it is unclear whether or not Chareau also designed the landscaping of the *Maison de Verre*’s back garden. However, it is a true statement that the current state of the garden does not allow a close relationship with the building.
- 21 This window is actually the upper part of a set of doors to the garden (see Figure 13.4), which reinforces the doctor’s control over the patient in terms of being able to go outside – the only other method of accessing the garden is from a corridor adjacent to, but not obviously accessible to, the waiting room. See the upper extreme left of Figure 13.4.
- 22 Colomina, *Privacy and Publicity*, p. 311.
- 23 The original French is: “*Ce n’est plus une étude en plan et en coupe qui permettra à l’architecte de satisfaire ses exigences, mais la quatrième dimension, le temps, intervient. Il faut créer des espaces à parcourir dans un laps de temps relatif. Il faut sentir la quatrième dimension. Cette maison de la Rue Saint-Guillaume excite cette sensation . . . La maison de Chareau n’est pas immobile, ni photographique, elle est cinématographique. Il faut parcourir des espaces pour l’apprécier – autre point de liaison avec l’homme d’aujourd’hui.*” The translation is from Frampton, “*Maison de Verre*,” p. 85.
- 24 Wigglesworth claims that this changing area has a mirrored ceiling, but I do not remember any mirror from my visit, and have been unable to verify this fact.
- 25 The servants’ wing is to the left when viewing the building from the courtyard (see Figure 13.1).
- 26 Wigglesworth, “*Maison de Verre*,” p. 282.
- 27 Although, as Hilde Heynen has reminded me, “refusing to have sex” is also scripted as a possible gender role.